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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Choi et al.

Application Number: 08/961,083

Group Art Unit: 1641

Filed: October 30, 1997

Examiner: Hines, J.

Title: *Streptococcus pneumoniae* Antigens
And Vaccines

Attny. Docket No.: PB340P2

AMENDMENT UNDER 37 C.F.R. § 1.312

BOX: AF

Assistant Commissioner for Patents
Washington, D.C. 20231

NOT ENTERED

Sir:

In response to the Notice of Allowance dated 01 February 2000 and in accordance with Rule 312 of the Rules of Practice, please consider the following amendments and remarks. Applicants submit concurrently herewith: (a) a Substitute Sequence Listing in paper and computer readable form; (b) a Statement under 37 C.F.R. §§ 1.821-1.825; (c) an Issue Fee Transmittal, with appropriate fee; and (d) a Fee Transmittal Sheet, with appropriate fee.

Match & Return

Amendments

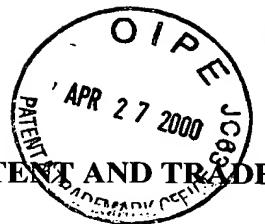
In the title

Please delete the current title and replace therefor -- *Streptococcus pneumoniae* SP036 polynucleotides, polypeptides, antigens and vaccines --.

In the specification

Please amend the specification as follows:

Page 1, after the title, please insert --This application claims benefit of 35 U.S.C. section 119(e) based on copending U.S. Provisional Application Serial No. 60/029,960, filed



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Choi et al.

Application Serial No.: 08/961,083

Art Unit: 1641

Filed: October 30, 1997

Examiner: Hines, J.

For: Streptococcus Pneumoniae Antigens
and Vaccines

Attorney Docket No.: PB340P2

FEE TRANSMITTAL SHEET

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

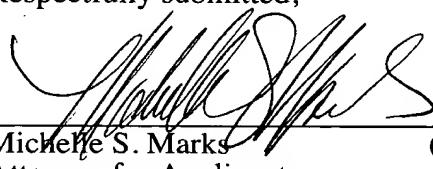
The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add. Fee	or	Rate Add. Fee
Total	73	Minus	181	= - X9	\$ **	X18 \$0.00
Indep	13	Minus	13	= - X39	\$ **	X78 \$0.00
First Presentation of Multiple Dep. Claims			+ 135	\$ **	+ 270	\$ **
			Total	\$ **	or	Total \$0.00

Please charge the required fee, and any other fee deemed necessary, to Deposit Account No. 08-3425. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: April 27, 2000


Michelle S. Marks (Reg. No. 41,971)
Attorney for Applicants

Human Genome Sciences, Inc.
9410 Key West Avenue
Rockville, MD 20850
(301) 610-5771 (phone)

MSM/mpb

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with appropriate fees, to: Box ISSUE FEE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

02014-1111 HMG2/0201
 HUMAN GENOME SCIENCES INC
 9401 ROCKVILLE AVENUE
 ROCKVILLE MD 20850

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.



(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
02014-1111	10/30/97	073	HINES, J	1641 02/01/00
First Named Applicant	CHOI, J	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION STREPTOCOCCUS PNEUMONIAE ANTIGENS AND VACCINES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 PTO/14-1111	435-007.340	HS1	UTILITY	NO	\$1210.00	05/01/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Human Genome Sciences, Inc.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

Human Genome Sciences, Inc.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Rockville, MD**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
 Advance Order - # of Copies _____

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER **08-3425**

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee
 Advance Order - # of Copies **5**

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Reg. 41,971)
Michelle S. Marks

(Date)

APR 27, 2000

04/28/2000 STEFERRI 00000154 083425 08961083

01 FC:142 1210.00 CH
 02 FC:561 15.00 CH



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FEB 4 2000

MSM

HGS PATENT DEPT.

TRANSMIT THIS FORM WITH FEE